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Bib Data Sheet

CONFIRMATION NO. 5728

<b>SERIAL NUMBER</b> 09/779,594	<b>FILING DATE</b> 02/09/2001 <b>RULE</b>	<b>CLASS</b> 298	<b>GROUP ART UNIT</b> 3612	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Arjuna Indraswaran Rajasingham, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/936,626 09/24/1997 PAT 6,059,354 AND A CIP OF 09/404,475 09/24/1999 <b>PAT 6,547,315</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/24/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <input type="checkbox"/>		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 50	<b>TOTAL CLAIMS</b> 30
Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <i>[Signature]</i> Initials			<b>INDEPENDENT CLAIMS</b> 8	
<b>ADDRESS</b> A. I. RAJASINGHAM 6024 BRADLEY BLVD BETHESDA, MD 20817				
<b>TITLE</b> Easy ejector seat with skeletal crash safety beam				
<b>FILING FEE RECEIVED</b> 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.18 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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